



Application to Transfer Premises Licence to be granted under the Licensing Act 2003

PLEASE READ THE FOLLOWING INSTRUCTIONS FIRST

Before completing this form please read the guidance notes at the end of the form.
If you are completing this form by hand please write legibly in block capitals. In all cases ensure that your answers are inside the boxes and written in black ink. Use additional sheets if necessary. You may wish to keep a copy of the completed form for your records.

I/We EURO FOODS (NELSON) LTD.

(Insert name of applicant)

apply to transfer the premises licence described below under section 42 of the Licensing Act 2003 for the premises described in Part 1 below

Premises licence number

PEN (A) 0431

Part 1 – Premises details

Postal address of premises or, if none, ordnance survey map reference or description 94 BARKER HOUSE RD NELSON	
Post town NELSON	Post code BB9 9EU
Telephone number at premises (if any) 07512538791	

Please give a brief description of the premises POLISH FOOD SHOP

Name of current premises licence holder AZHR FQBAL

Part 2 - Applicant details

In what capacity are you applying for the premises licence to be transferred to you?

Please tick ☒ yes

- a) an individual or individuals* ☐ please complete section (A)
- b) a person other than an individual *
- i. as a limited company ☒ please complete section (B)
- ii. as a partnership ☐ please complete section (B)
- iii. as an unincorporated association or ☐ please complete section (B)
- iv. other (for example a statutory corporation) ☐ please complete section (B)
- c) a recognised club ☐ please complete section (B)
- d) a charity ☐ please complete section (B)
- e) the proprietor of an educational establishment ☐ please complete section (B)
- f) a health service body ☐ please complete section (B)
- g) an individual who is registered under Part 2 of the Care Standards Act 2000 (c14) in respect of an independent hospital in Wales ☐ please complete section (B)
- ga) a person who is registered under Chapter 2 of Part 1 of the Health and Social Care Act 2008 (within the meaning of that Part) in respect of an independent hospital in England ☐ please complete section (B)
- h) the chief officer of police of a police force in England and Wales ☐ please complete section (B)

*If you are applying as a person described in (a) or (b) please confirm:

Please tick ☒ yes

- I am carrying on or proposing to carry on a business which involves the use of the premises for licensable activities; or ☐
- I am making the application pursuant to a
 - statutory function or ☐
 - a function discharged by virtue of Her Majesty's prerogative ☐

(A) INDIVIDUAL APPLICANTS (fill in as applicable)

Mr ☐ Mrs ☐ Miss ☐ Ms ☐

Other title
(for example, Rev)

Surname

First names

I am 18 years old or over

Please tick ☒ yes
☐

**Current postal
address if
different from
premises
address**

Post town

Post code

Daytime contact telephone number

**E-mail address
(optional)**

SECOND INDIVIDUAL APPLICANT (fill in as applicable)

Mr ☐ Mrs ☐ Miss ☐ Ms ☐

Other title
(for example, Rev)

Surname

First names

I am 18 years old or over

Please tick ☒ yes
☐

**Current postal
address if
different from
premises
address**

Post town

Post code

Daytime contact telephone number

**E-mail address
(optional)**

(B) OTHER APPLICANTS

Please provide name and registered address of applicant in full. Where appropriate please give any registered number. In the case of a partnership or other joint venture (other than a body corporate), please give the name and address of each party concerned.

Name	EURO FOODS (NELSON) LTD
Address	94 BARKER HOUSE RD. NELSON LANGL. BB9 9EY
Registered number (where applicable)	10259081
Description of applicant (for example partnership, company, unincorporated association etc.)	Company
Telephone number (if any)	07512538791
E-mail address (optional)	—

VALID COMPANY
Checked 9/8/16
M

Part 3

Please tick ☒ yes

Are you the holder of the premises licence under an interim authority notice?

☐

Do you wish the transfer to have immediate effect?

☒

If not when would you like the transfer to take effect?

Day	Month	Year

Please tick ☒ yes

I have enclosed the consent form signed by the existing premises licence holder

☒

If you have not enclosed the consent form referred to above please give the reasons why not. What steps have you taken to try and obtain the consent?

DO NOT HAVE THIS.

WE ARE NEW OWNER.

PLEASE SEE ATTACHED LETTER FOR STEPS TAKEN

Please tick ☒ yes

If this application is granted I would be in a position to use the premises during the application period for the licensable activity or activities authorised by the licence (see section 43 of the Licensing Act 2003)



Please tick ☒ yes

I have enclosed the premises licence



If you have not enclosed premises licence referred to above please give the reasons why not.

- I have made or enclosed payment of the fee
- I have enclosed the consent form signed by the existing premises licence holder or my statement as to why it is not enclosed
- I have enclosed the premises licence or relevant part of it or explanation
- I have sent a copy of this application to the chief officer of police today
- I understand that if I do not comply with the above requirements my application will be rejected



IT IS AN OFFENCE, LIABLE ON CONVICTION TO A FINE UP TO LEVEL 5 ON THE STANDARD SCALE, UNDER SECTION 158 OF THE LICENSING ACT 2003 TO MAKE A FALSE STATEMENT IN OR IN CONNECTION WITH THIS APPLICATION

Part 4 – Signatures (please read guidance note 2)

Signature of applicant or applicant's solicitor or other duly authorised agent (See guidance note 3). If signing on behalf of the applicant please state in what capacity.

Signature

T. Zaman

(T. N. R. I. G. ZAMAN)

Date

02/08/16

Capacity

M.D.

MANAGING DIRECTOR OF EUROFOODS (NCLION) LTD

For joint applicants signature of second applicant, second applicant's solicitor or other authorised agent (please read guidance note 4). If signing on behalf of the applicant please state in what capacity.

Signature

Date

Capacity

Contact name (where not previously given) and postal address for correspondence associated with this application (please read guidance note 5)

Post town

Post Code

Telephone number (if any)

If you would prefer us to correspond with you by e-mail your e-mail address (optional)

Notes for Guidance

1. Describe the premises. For example the type of premises it is, its general situation and layout and any other information which would be relevant to the licensing objectives.
2. The application form must be signed.
3. An applicant's agent (for example solicitor) may sign the form on their behalf provided that they have actual authority to do so.
4. Where there is more than one applicant, both applicants or their respective agents must sign the application form.
5. This is the address which we shall use to correspond with you about this application.

EURO FOODS' (NELSON) LTD
94 Barkerhouse Road
Nelson,
Lancashire
BB9 9EU

Tel: 0751 253 8791

To whom it may concern,

We have tried to locate the previous occupier of the store known as Europa on 94 Barkerhouse Road, BB9 9EU.

We have been tried several different steps to locate him.

We have carried out all the steps listed below.

CONTACT BY PHONE

We have tried contacting him by phone and have failed to make contact

The number we have on our record is 07742452025.

We have left several messages on his voicemail.

We have also sent him several texts.

CONTACT BY EMAIL

We have tried to locate Mr Iqbal through social media and we have failed to contact him.

CONTACT BY POST

The address we have on file is the shop address. We cannot send a letter to him by post as we are in occupation of that address.

CONTACT THROUGH LOCAL AUTHORITY ORGANISATIONS

We asked the council to provide details of his whereabouts but the council said they could not disclose this information.

We also called the police station and they advised us the same.

Yours sincerely,

Tariq Zaman
Director

Company no: 10259081

Registered in:

England and Wales Registered office: 94 Barkerhouse Road, Nelson, Lancashire BB9 9EU

